



16962 U.S.PTO  
041504

Docket No. 17684 (AP)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: ROBERT T. LYONS, et al.

Examiner:

Serial No.: Pending

Group Art Unit:

Filed: Herewith

For: DRUG DELIVERY TO THE BACK OF  
THE EYE

Irvine, California

16934 U.S.PTO  
10/826843  
041504



**NON-PROVISIONAL PATENT APPLICATION TRANSMITTAL LETTER**

Mail Stop: Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir/Madam:

Enclosed herewith are the following documents:

- (x) Application Data Sheet – 6 pgs.
- (x) Transmittal Letter – 4 pgs
- (x) Specification (29 pages total) consisting of 25 Claims ( 2 pgs) Abstract (1 page)
- (x) Drawings (7 sheets)
- (x) Declaration/Power of Attorney
- (x) Assignment with Recordation Cover Sheet
- ( ) Information Disclosure Statement with cited art
- (x) Return/postage paid Postcard
- (x) Express Mail Certificate No. EV193721133US

Dated: April 15, 2004

BRENT A. JOHNSON  
Registration No. 51,851

**CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10**

I hereby certify that the above-identified documents are being deposited with the United States Postal Service on **APRIL 15, 2004** in an envelope as "Express Mail Post Office To Addressee" mailing label number **EV193721133US** with sufficient postage for Express Mail addressed to MS: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: April 15, 2004

Susan Bartholomew  
Name of person mailing paper

  
Signature of person mailing paper

## NEW APPLICATION TRANSMITTAL FORM

To the Commissioner for Patents:

This is a Request for filing a NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled **DRUG DELIVERY TO THE BACK OF THE EYE** by the following named inventor:

<b>1</b>	Full Name of Inventor	Last Name: <b>LYONS</b>	First Name: <b>ROBERT</b>	Middle Name: <b>T.</b>
	Residence and Citizenship	City: <b>LAGUNA HILLS</b>	State or Foreign Country: <b>CALIFORNIA</b>	Country Of Citizenship: <b>U.S.A.</b>
	Post Office Address	Post Office Address: <b>27164 WOODBLUFF ROAD</b>	City: <b>LAGUNA HILLS</b>	State or Country: <b>CALIFORNIA</b>

<b>2</b>	Full Name of Inventor	Last Name: <b>CHANG</b>	First Name: <b>CHIN-MING</b>	Middle Name:
	Residence and Citizenship	City: <b>TUSTIN</b>	State or Foreign Country: <b>CALIFORNIA</b>	Country Of Citizenship: <b>TAIWAN</b>
	Post Office Address	Post Office Address: <b>11645 MAYNARD AVENUE</b>	City: <b>TUSTIN</b>	State or Country: <b>CALIFORNIA</b>

<b>3</b>	Full Name of Inventor	Last Name: <b>CHANG-LIN</b>	First Name: <b>JOAN-EN</b>	Middle Name:
	Residence and Citizenship	City: <b>TUSTIN</b>	State or Foreign Country: <b>CALIFORNIA</b>	Country Of Citizenship: <b>U.S.A.</b>
	Post Office Address	Post Office Address: <b>2226 HUNTLEY DRIVE</b>	City: <b>TUSTIN</b>	State or Country: <b>CALIFORNIA</b>

4	Full Name of Inventor	Last Name: <b>CHANG</b>	First Name: <b>JAMES</b>	Middle Name:
	Residence and Citizenship	City: <b>NEWPORT BEACH</b>	State or Foreign Country: <b>CALIFORNIA</b>	Country Of Citizenship: <b>U.S.A.</b>
	Post Office Address	Post Office Address: <b>36 CERVANTES</b>	City: <b>NEWPORT BEACH</b>	State or Country: <b>CALIFORNIA</b> Zip Code: <b>92660</b>

5	Full Name of Inventor	Last Name: <b>OLEJNIK</b>	First Name: <b>OREST</b>	Middle Name:
	Residence and Citizenship	City: <b>COTO DE CAZA</b>	State or Foreign Country: <b>CALIFORNIA</b>	Country Of Citizenship: <b>U.S.A.</b>
	Post Office Address	Post Office Address: <b>5 ADDINGTON PLACE</b>	City: <b>COTO DE CAZA</b>	State or Country: <b>CALIFORNIA</b> Zip Code: <b>92679</b>

The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

Enclosed is a specification of 29 pages, 25 claims ( 2 pages) and an abstract (1 page).

**Oath or Declaration**

Enclosed is a fully executed oath or declaration.

Enclosed is an unsigned oath or declaration.

A self-addressed return postcard is enclosed for verification of receipt.

The filing fee is calculated below:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee (Large entity)			\$770.00	\$770.00
Total Claims	25 minus 20	= -5-	\$18.00	\$90.00
Independent Claims	03 minus 3	= -0-	\$86.00	\$.00
If application contains any multiple dependent claims, then add			\$290.00	\$.00
<b>TOTAL FILING FEE</b>				<b>\$860.00</b>

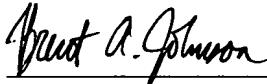
- The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.
- An Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.
- New drawing(s) are enclosed 7 sheets.
- A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.
- A Statement Pursuant to 37 CFR §1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.
- A properly labeled computer readable form of the Sequence Listing accompanies this Application.
- The Power of Attorney in this application is to Brent A. Johnson, Registration Number 51,851.
- The Power of Attorney appears in the Combined Declaration and Power of Attorney, filed herewith.
- A copy of the Request for Extension of Time filed in the prior application is enclosed.

Please address all future communications to:

BRENT A. JOHNSON  
Registration No. 51,851  
ALLERGAN, INC.  
2525 Dupont Drive, T2-7H  
Irvine, CA 92612  
Tel: 714-246-4348      Fax: 714-246-4249

Respectfully submitted,

Date: 4/15/04

  
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Brent A. Johnson  
Registration No. 51,851  
Patent Agent of Record